

Situational ethics in a feminist ethnography on commercial surrogacy in Russia: Negotiating access and authority when recruiting participants through institutional gatekeepers

Abstract

In this article, I discuss methodological and ethical dilemmas that arose when I was recruiting participants with the help of medical and institutional gatekeepers during my ethnographic fieldwork on commercial surrogacy in St Petersburg, Russia. Using four selected case studies, I argue for the use of situational ethics. Ethics that are approved by institutional advisory boards prior to data collection are important to ensure that researchers do their best to identify potential ethical issues and offer deontological safeguards. However, as empirical researchers we are familiar with the unanticipated that is bound to happen once we commence data collection. I argue that in such cases, when the proposed and approved ethical conduct is no longer appropriate and researchers must make new ethical choices, situational ethics that take the immediate context into consideration are crucial. I further argue that situational ethics must not only be an extension of procedural ethics when the latter are no longer suited *in situ*, but an alternative option to procedural ethics from the beginning in order to make the research more ethical, empowering, and transformative of existing disadvantaging power relations. With this article, I encourage fellow (feminist) ethnographers to think outside the tick boxes for institutional advisory boards and contribute to the growing body of literature that argues in favour of situational ethics.

Introduction

In this article, I discuss methodological and ethical dilemmas that I encountered when recruiting participants with the help of medical and institutional gatekeepers during my ethnographic fieldwork on commercial surrogacy in St Petersburg, Russia. I make a case for the need for situational ethics that consider the immediate and particular research context when evaluating the situation ethically, rather than acting according to pre-established guidelines. I base my argument on four selected case studies.

Gatekeepers are individuals that “[stand] between the data collector and a potential respondent. Gatekeepers, by virtue of their personal or work relationship to a respondent, are able to control who has access, and when, to the respondent” (Keesling, 2008:299). Participant recruitment via gatekeepers is common in ethnographic research in clinical contexts (Inhorn, 2004; Mattingly, 2005). Often depending on the goodwill of the gatekeepers, participant recruitment via gatekeepers demands deft negotiation skills as well as the researcher’s awareness of power dynamics to guarantee each participant’s fully informed and voluntarily given consent. Furthermore, in long-term studies, such as ethnographic research, it is crucial to practice repeatedly negotiating access to a research field. Taking participants’ consent should not be seen as a unique, one-off act which applies from then on, but as an ongoing process that requires re-negotiation over the duration of the research (Miller and Bell, 2002:53). At the same time, as researchers who recruit participants via gatekeepers, we need to repeatedly assess who does and who should have the authority to grant or restrict the researcher’s access to potential participants (Inhorn, 2004) and at what point that authority becomes illegitimate or even abusive.

Research into surrogacy arrangements requires negotiations with gatekeepers for access. Surrogacy arrangements harbour multiple asymmetrical power relationships

between the diverse involved actors: the surrogacy workers¹, their client parents, medical staff and agency staff. As ethnographers, we spend extended time 'in the field' and establish our own relationships within these existing hierarchies. While procedural ethics postulate that our ethical choices guarantee all participants' wellbeing (Tracy, 2010:847), the messy and asymmetrical power relations that we become enmeshed in over the duration of research challenge the feasibility of this demand. What is more, a feminist standpoint epistemology itself, chosen because it urges the researcher to challenge existing power relationships and be transparent about the way the research is conducted (Brooks and Hesse-Biber, 2007:4), further complicates the notion of what is proper ethical conduct. Any challenge to power relationships may entail that not all research participants' wellbeing can be assured equally; this does not mean that harm is inflicted. On the other hand, transparency about the research process might be neither desirable nor expedient for the researcher who seeks to challenge prevailing power relationships, or for those research participants in a subordinate or vulnerable position. Therefore, it may only be performed to a limited degree. By means of my four selected examples, I discuss what these dilemmas meant for my research, and what conclusions I drew.

There is a growing critique of procedural ethics in the literature (Goodwin *et al.*, 2003; Guillemin and Gillam, 2004; Williams, 2005; Schrag, 2011; McAreavey and Das, 2013; Munteanu *et al.*, 2015); this reflects the increasing use of situational ethics in ethnographic research (Flyvbjerg, 2001; Goodwin *et al.*, 2003; Munteanu *et al.*, 2015;

¹ In my work on commercial surrogacy I chose the term 'surrogacy workers' to refer to the women who carry a gestational surrogacy pregnancy for financial compensation; I do so to emphasise their deliberate choice to earn money through the provision of reproductive labour and their intention to not parent the child (Weis 2015, 2017).

Rizvi, 2017). This article adds to the critique of procedural ethics based on my experience of its limitations in addressing the ethical dilemmas I encountered in my research on commercial surrogacy. In this article, I argue that situational ethics (Fletcher, 1966) has the potential to improve ethical conduct in ethnographic research, and I discuss approaches how it did so in my research context.

What kinds of ethics do we follow?

Most universities, funding bodies and research host organisations require empirical researchers to seek ethical approval before commencing their research to ensure the prevention of harm. However, many problems or potential conflicts are difficult to define in advance as they can develop spontaneously, unexpectedly or in situations where the ethnographer has little control (Goodwin *et al.*, 2003:567). The definition of ethical issues and of adequate conduct can also be at the discretion of the reviewer (Carnevale *et al.*, 2008:26) and can vary across cultures or national institutions (Williams, 2005). In preparation for my ethical approval application, I mainly referred to the British Sociological Association Statement of Ethical Practice (2002) and the Code of Ethics of the American Anthropological Association (AAA 2009). In St Petersburg, however, none of the medical sites that I recruited for my ethnographic fieldwork required me to seek ethical approval. Equally, senior doctors and medical gatekeepers did not want to know whether I had ethical approval from my home institution.

Goodwin *et al.* (2003:567) note that “there seems to be an acknowledgement amongst ethnographers that [unforeseen, spontaneous] dilemmas (...) are an accepted, almost obligatory feature of fieldwork.” While it is mandatory that researchers do their utmost to identify potential ethical issues prior to data collection and develop strategies to put

in action to overcome these issues, this acknowledgement actually needs to be given room already in the application for ethical approval (McAreavey and Das, 2013). Researchers need to be aware of the necessity for using situational ethics during research in addition to using the procedural ethics of the a priori formal ethical review (Guillemin and Gillam, 2004; Munteanu *et al.*, 2015). The concept of situational ethics, pioneered by Fletcher (1966:26) in the 1960s, takes this particular, unpredictable context of the research site and situation into account when evaluating the situation ethically, instead of adhering strictly to procedural ethics. Likewise, members of the institutional review board need to acknowledge the need for the researcher to make decisions based on situational ethics in response to circumstances in the field, and to accommodate this in the ethical review process; this would forestall researchers from resorting to telling committees only what fits within standardised procedures, or in other words, what they want to hear (Tolich and Fitzgerald, 2006:73). Allowing room for the unexpected gives empirical researchers an opportunity to better prepare for the unexpected. Researchers need to acknowledge that there is a limit to the circumstances they can plan for, given the unpredictability of empirical research, and therefore prepare to be flexible, spontaneous, context-aware and situational, rather omitting such scenarios from the research proposal and bearing the risk that they will encounter them unprepared.

In the following, I introduce my research methodology, my research field of commercial surrogacy in St Petersburg and the original plan of participant recruitment via institutional gatekeepers. Next, I present my four selected case studies of recruiting research participants via gatekeepers and negotiating access and authority. For each case, I present the ethical dilemma, my evaluation of the situation, and consequent actions. Finally, I conclude by arguing the case for situational ethics.

Feminist ethnography on commercial surrogacy: The research field and research methodology

This paper emerges from my doctoral research, for which I conducted a feminist ethnography on the social organisation and cultural framing of surrogacy in St Petersburg, Russia, from August 2014 until May 2015. My core research group included 33 surrogacy workers (between the age of 19 and 37 years), seven client parents, nine agency staff members from eight different agencies and 11 medical staff. My main objectives were to explore the intentions and experiences of women who work as gestational carriers, and the meanings surrogacy workers attributed to their experiences in the markets in surrogacy. Taking a feminist approach to ethnography meant taking gender relations and their intersections with class, ethnicity, participants' geographic origin and residence during surrogacy arrangements as the starting point for my analysis of the power dynamics and inequities in the practice of surrogacy in Russia (Weis, 2017).

Surrogacy in Russia is practised on a commercial basis, which means that surrogacy workers receive financial compensation for their gestational service after the birth of a healthy child. The practice is culturally framed and socially organised as an economic exchange (Rivkin-Fish, 2013; Weis, 2013, 2017).

Private fertility clinics have been offering surrogacy arrangements since the 1990s under minimal legal regulation. Client parents can choose from two main arrangement options. One is to employ a commercial surrogacy agency that undertakes the selection of suitable surrogacy workers and all necessary communication and steps with clinics and lawyers from the planning stage until completion of the surrogacy arrangement. The other option is the so-called direct arrangement, whereby client parents and surrogacy workers search for each other independently, customise their own contracts

and organise the arrangement from fertilisation to finalising the surrogacy-born child's documents after delivery.

Embedded in the cultural notion of surrogacy being a 'business arrangement' – "a job of certain sorts, nothing else", as two-times surrogacy worker Anna² worded it, thereby reflecting the general view among surrogacy workers in my sample – client parents and agencies assumed the role and status of employers, and surrogacy workers that of employees. The market in surrogacy in Russia, as in markets in surrogacy elsewhere (Teman, 2010; Pande, 2014; Rudrappa, 2015) and other markets in intimate services (Weitzer, 2009) and body parts (Scheper-Hughes, 2001), thrives because of inherent gender, class, racial, ethnic and geo-political stratifications (Twine, 2015). All surrogacy workers in my study lived on a significantly smaller income and had fewer employment options than their client parents. They did not have access to the same level of reproductive care when pregnant with their own children, let alone the economic capacity to seek assisted reproductive technologies and treatment had they needed it. In 2014/2015, surrogacy workers in St Petersburg could expect a remuneration payment between 600,000 and 900,000 Rouble [\$11,508-\$17,262] after the delivery of a healthy child (full term gestation), and a monthly payment, allotted for food and transport, of 15,000-20,000 Roubles [\$288-\$383]. In case of carrying a multiple pregnancy, having previous experience or undergoing Caesarean section, they received additional 150,000 Roubles [\$2,877]. Agencies in turn charged client parents for instance, an equivalent of \$57,000 for a 'standard package' including one fresh embryo transfer and one frozen embryo cycle, or \$84,000 for a 'baby guaranteed package', including two fresh embryo transfers and three frozen cycles. Many surrogacy workers were aware of surrogacy

² All names are pseudonyms.

work's toll on their bodies, yet accepted the risks of the hormone treatment, a multiple pregnancy, miscarriage, Caesarean section, if clients demanded this³, and possibly even infertility, for lack of more lucrative alternative employment (Weis, 2015). In spite of the striking stratifications permeating the practise of surrogacy in Russia, equating surrogacy workers with exploitation is misleading. Surrogacy workers exercise choice in this context of constraints. They have entered the industry after thorough deliberation and awareness of the inherent risks and constraints. Drawing on the economic narrative of surrogacy, many coded side-effects on their health and the impact surrogacy work had on their family planning and their family lives as work-hazards and a temporary, inconvenient means to an end.

Taking a feminist approach for me also meant foregrounding surrogacy workers' voices in the construction and presentation of knowledge (Davis and Craven, 2016:125). Where participants' testimonies conflicted, or agency or medical staff sought to drown out the accounts of surrogacy workers, I intentionally favoured the subjectivity of surrogacy workers' accounts.⁴ This silencing of surrogacy workers' voices by more powerful actors often happened subtly, such as by offering to speak on their behalf, or by not sharing my requests for research participants. In other cases, the silencing was unequivocal. Some surrogacy contracts prohibited surrogacy workers from sharing any information with a third person and stipulated high fines in case of violation. In spite of that, two

³ Sometimes, client parents requested a Caesarean section to schedule the birth. In the rare case that two or more surrogacy workers were hired at the same time and became pregnant after the embryo transfer, Caesarean sections were scheduled to prevent the birth on different days, in order to present the birth as 'natural triplets' and conceal the surrogacy arrangements. I had one such case in my sample.

⁴ The voices of medical practitioners, agency owners and lawyers are already represented in the public domain in form of press releases, medical articles, commentaries and academic journal publications. Except for anonymised online forums, surrogacy workers do not have such a platform to contribute their opinions and experiences.

surrogacy workers came forward and offered their participation. In these cases, I thoroughly discussed the risks with the respective surrogacy workers, and if they still agreed to participate in my research, I did my utmost to ensure their anonymity and confidentiality. In one instance, I 'split a participant in two'. By that I mean that I made two surrogacy workers out of one, with two names, two different origins, family backgrounds, nationalities and personae. That way I was able to render her unidentifiable, yet use her account which she asked me to share.

['Plan A' for participant recruitment via gatekeepers](#)

In 2013, a survey by the Russian Public Opinion Research Centre (WCIOM 2013) found that 51% of the 1,600 respondents across 42 regions of Russia identified with the opinion that "surrogate mothers are doing something necessary and useful." Nevertheless, only 16% of respondents regarded surrogacy as completely acceptable, whereas 26% of respondents rated surrogacy as "morally intolerable." Conservative and religious voices detest surrogacy (Kirpichenko 2017) and are frequently featured in the media. Consequently, most of the surrogacy workers and client parents I met in St Petersburg preferred non-disclosure of their surrogacy-related activities. Surrogacy workers, although personally convinced that surrogacy gestation for a financial compensation is a morally right act, preferred discretion, fearing judgement by others and negative consequences for their own children. Russian client parents also preferred non-disclosure of their impaired fertility and feared discrimination of their surrogacy-born children. The majority of my research participants were not interested in meeting their peers for mutual support or exchange of experience, unless in the anonymous online sphere, hence there were no social surrogacy events as are common in the US

(Smietana, 2017) and in the UK. That meant that my access to the research population for recruitment was limited, strongly dependant on the support of gatekeepers⁵, and therefore potentially very challenging. Gatekeepers in the context of surrogacy in Russia were primarily agency staff and medical staff in private fertility clinics, as they worked with surrogacy workers and client parents daily.

However, those in charge of surrogacy agencies and surrogacy-facilitating private fertility clinics also preferred to remain un-investigated. Occasionally, doctors and agency managers offered interviews on behalf of their staff, or even their surrogacy workers and client parents. Dr Alexey's response to my request to interview surrogacy workers and client parents illustrates this point. "It is not necessary to talk to them - ask me, and I will answer in their place. (...) I will answer like they would answer." Such a suggestion was presented to me as a gesture of goodwill to save my time or derived from an alleged commitment to client anonymity. However, it could also be interpreted as a desire to keep my "ethnographic penetration" (Inhorn 2004:2096) at bay to maintain the control over what I should know about the social organisation of surrogacy and their own practice. Surrogacy agencies were even more reluctant to open their doors to critical investigation by a third party. Therefore only three out of 13 agency managers I approached approved of my research and tentatively agreed to assist recruitment, and two of these agencies, subsequently dropped out.

With those doctors who agreed to support my research and act as gatekeepers, I implemented the following protocol, which was approved by the Research Ethics Committee of De Montfort University.

⁵ Besides recruitment via gatekeepers I also used snowballing and online recruitment.

1. The doctor would inform me about appointments with surrogacy workers or client parents for the coming week. I would arrive at the clinic, notify the doctor and wait in the waiting area.
2. Prior to or after the appointment, doctors approached surrogacy workers or client parents on my behalf to inform them verbally about the study and request their participation.
3. Interested surrogacy workers or client parents who gave their permission were introduced to me on clinic premises by a member of staff and given a participant information sheet.
4. If a surrogacy worker or client parent/s declined to participate, I was informed and would leave the premises and their anonymity was maintained.
5. If they agreed to participate in the study upon reading the information sheet and asking additional questions, if desired, I documented their consent.

For recruitment via agencies, agency owners followed a similar protocol. They approached surrogacy workers on my behalf to inform them verbally about the study and invite them to participate. Interested surrogacy workers or client parents who gave their permission were then introduced to me by a member of staff.

[Wearing out my welcome? Negotiating authority and access when recruiting participants through institutional gatekeepers](#)

In this section, I present four cases where I negotiated access and authority with medical professionals and agency directors who acted as gatekeepers to recruit surrogacy

workers and client parents. Gatekeepers facilitate access, as they stand between the researcher and a potential participant. Gatekeepers, however, equally can assume the power to control and sanction access. In the following sections, I describe the scenarios and their emerging ethical dilemmas, my reflections and considerations of how to conduct myself ethically, and discuss the consequences of my decisions and actions.

Case 1: Dr Andrey and the participant introduction in surgery recovery room

Dr Andrey was an embryologist and senior doctor at New Life Fertility Clinic, and highly endorsed my research. Despite his busy schedule as one of Russia's most renowned embryologists, he agreed to act as my gatekeeper. In our first meeting, we agreed on the above outlined recruitment protocol. Further we agreed that at the beginning of the week, I would remind him to check his weekly schedule for surrogacy-related appointments and inform me thereof. On the day of the appointment I arrived at the clinic, notified the receptionist and waited for Dr Andrey or a nurse to come accompanied by a surrogacy worker who had agreed to meet me. If this happened, I invited the surrogacy worker to join me to sit in a more secluded waiting area and talk through the implications of research participation. If nobody came within an hour, I knew that the potential participant had declined participation and I left. Such an approach was time-consuming and emotionally draining, but in my estimation the most ethical. In approximately half of the visits to Dr Andrey's clinic, I left without having met a potential participant.

Three months into my fieldwork, Dr Andrey picked me up from the waiting area instead of leading an informed surrogacy worker to me. Without explanation he took me to the 'recovery room'. The 'recovery room' is also the preparation room where women

un/dress before/after their egg retrieval or embryo transfer. It has no windows and features two beds, each with a bedside table with magazines and tissues. He opened the door without knocking to a young woman dressed in a blue-transparent hospital gown only, sitting at the edge of one of the beds, holding her underwear in her hands, interrupted from putting them on. Then Dr Andrey left me standing by the door, with the surprised woman looking at me enquiringly. Not knowing what would have been a better response to the situation, I entered quickly, closing the door behind me to end her exposure to anybody possibly passing by on the corridor and offering an explanation of the situation.

In a literal sense, Dr Andrey had followed the agreed recruitment protocol. His move of 'introducing' me to a surrogacy worker in the 'safe space' of the privacy of the 'recovery room' might have been well intended, but was inappropriate nevertheless. It could also have been an act of carelessness. In either case, wordlessly ushering an unannounced stranger into the recovery room with a surrogacy worker well-nigh naked after the embryo transfer procedure was unethical and put me in an ethically dubious position. More questions raced through my head as I wondered how to address the woman. Had she been informed about my research? Had she given her informed consent to meet me? Had she given her consent to speak me in my capacity as a researcher? Had she given her consent to speak about her involvement in surrogacy? Had she given her consent to be introduced to me before even getting dressed? Upon permitting me to take a seat on the bed opposite her and explaining my intentions, I found out that she had been told that there was a woman who wanted to talk to her about surrogacy. She had not been told that I conducted research, and she did not expect that I would show up in the next minute, before she even had the chance to get dressed. To not take advantage of her being taken by surprise to meet me, I offered to meet the following

week, to give her time to consider her participation. She agreed. On the day of the interview, she did not come.

I tried to clarify with Dr Andrey before the next recruitment opportunity that such an approach was inappropriate. Unfortunately, time constraints on his side made it impossible, so the next occasion I saw Dr Andrey was again for a recruitment opportunity. As recruitment opportunities were rare, and as I hoped the previous scene to be a one-off occasion, I followed his invitation. On that day, a nurse fetched me from the waiting room instead of him. I only saw him in his surgery gown and mask in passing, nodding to me and towards the same room. Most likely he was just coming from the embryo transfer and was heading for the next one. To my dismay, the previous scene repeated, only this time the nurse opened the door to the recovery room. Once again, the woman was barely informed, but upon receiving my information sheet and chatting about my research until the agency's driver arrived, she agreed to participate. The following week I visited her at her home in a smaller town adjunct to St Petersburg for the first of a series of interviews, taking place alternately in her kitchen and medical units.

At this point it was clear to me that I could not allow this mode of recruitment to become the established pattern. It would have been practical and complied with the needs of my gatekeeper, but it was unethical to me. Eventually, I succeeded in talking to Dr Andrey. Careful not to affront him, as I did not want to risk upsetting an important gatekeeper and losing access, I expressed my concern that his approach in the previous two occasions could have been overwhelming for women and that the women needed to be better informed about my research agenda and identity as a researcher. Dr Andrey did not agree with my concerns, as both women had agreed to be introduced to me. In his opinion, they could just have declined. Not a native Russian speaker, I struggled to

convey my concerns about how the gender dynamics and power hierarchies of an older, male senior doctor, renowned for his medical expertise on IVF interplayed and could make young women, who had often come to St Petersburg from far and provincial towns and become a surrogacy worker for financial reasons, feel obliged to 'consent' in order not to risk their surrogacy work. Instead, I had to be content with asking him to not introduce me to surrogacy workers in the 'recovery room', but as before, in the common waiting room. That meant potentially losing out on chances of recruitment, but it was more important to me to prioritise my moral and ethical principles of not putting pressure on the surrogacy workers, embarrassing them or making them feel uncomfortable at refusing participation.

On the following two recruitment occasions, introductions took place in the waiting room as before. However, the women still had not been adequately informed that I was undertaking research. By then I had enough of this ethical quagmire of women not knowing what they were actually consenting to when agreeing to do what Dr Andrey asked them to. I did not wish to continue this avenue of recruitment. Likewise, I did not want to discuss the procedure with Dr Andrey further, as I did not want to appear too demanding and wear out my welcome to access the clinic to continue research with already-recruited participants. I solved the situation by quietly retreating and no longer sending him the weekly reminders to check his schedule for surrogacy appointments and our exchange abated. Thus, I receded from gatekeeper recruitment in the busiest, and therefore most potentially promising recruitment site, for the sake of my potential participants' wellbeing. Dr Andrey could have been the perfect gatekeeper, yet I preferred to not benefit from his authority at the expense of participants' fully informed and voluntary consent. It is the strength of situational ethics to consider the particular context of the recruitment scenario when evaluating it ethically. As described above, as

a feminist researcher I preferred to pay the price of missing out on recruitment opportunities to ensure ethical conduct without compromising the well-being of those (potential) participants who were as a less advantageous position.

Case 2: Agency manager Alexander and his employment offer to collect data on surrogacy workers without their consent

Alexander was an agency manager who initially agreed to act as a gatekeeper to surrogacy workers and client parents. However, for weeks afterwards, he did not come forward with any potential participants despite reassuring he would, or announcing when he had new surrogacy workers 'starting' and client parents buying a surrogacy package from his agency. When reminded about his gatekeeping agreement, his responses alternated between excuses like 'you know yourself that surrogacy is a delicate topic and the women don't like to talk about it' or 'it is a very private project, the clients [= the client parents] are VIP'. On one occasion he offered me the opportunity to meet client parents at the initial screening interview if, in return, I recruited a potential surrogacy worker for him – likely for those very clients.

Four months into my fieldwork he then surprised me with the offer to join his agency in the capacity of an international coordinator, responsible for communication with international client parents and supervision of their surrogacy workers. I followed his invitation to meet for a 'business dinner' to discuss this further – not because I intended to follow up his proposal, but to gain insights into the way he operated his agency. At the meeting, Alexander remained cautious to not reveal too many details. He dismissed my concern that I was not in possession of a Russian work permit and work visa with

‘leave it to me.’ He would make ‘my job’ partly official ‘and partly not’, which meant he would pay me a cash sum every month. Finally, he emphasised that his offer included the permission to use the insights gained for my research, and that my ‘employee’ status would authorise me to obtain information about the surrogacy workers and make enquiries without seeking their consent. In his words, his offer was “the work you have asked us for! You could ask anything you want and even earn money for it! Pleasantly-useful [*priyatno-polezno*] – that’s what we call it in Russian!” Then he laughed, and so did I. Yet, his laughter arose from self-satisfaction, while mine was a play-act of complicity for him as much as a coping mechanism with my discomfort and exasperation. ‘Buying access’, gaining data without the consent of those already at the lower end of the power hierarchy and at the same time benefitting the one who benefited from and reinforced the inequality, did not come into question. I turned down the offer and ceased my requests for his assistance with recruitment.

While it was an easy decision to give up this recruitment opportunity, because this job would have been in opposition to all my research ethics, it was difficult to decide on the right moment to withdraw. Alexander and his colleague had been presenting their work and conduct with their surrogacy workers as proper and faultless. As they did not give me the opportunity to get their version confirmed or questioned by one of their surrogacy workers, I negotiated access to complementary information via their job offer for a while. In addition, I provided recent academic publications on surrogacy and news on surrogacy-related developments in Germany, as Alexander had a specific interest in advertising his agency in German fertility clinics. This strategy enabled me to better understand the grey areas in regulation in which surrogacy agencies in Russia operate. By continuing these ‘job negotiations’ for a while, despite having no intention of taking up the offer, I consciously employed the same strategy as Alexander: we both sought to

profit from the interaction, while keeping the other's profit minimal. Taking this approach was not easy. It demanded personal emotion work and constant evaluation of whether it was still ethical. Throughout my interactions with the agency, Alexander was aware that I was conducting research and could have withdrawn at any time. Furthermore, as stated in my research participation consent form, which he and his co-worker signed, he could have requested to withdraw any data until 18 months after I completed the ethnographic work (December 2016).

Case 3: Agency 'Happy Baby' and the research ban after nine months of research

The 'Happy Baby' agency, one of the largest surrogacy agencies in St Petersburg, granted me permission to conduct research with their surrogacy workers, client parents and staff members in my first month of research, on condition that each person in question agreed. Yet, beyond their permission to research, agency staff made no effort to support my work.

As time went on, I had the feeling that the agency's initial welcome to my research activity was wearing out. While the agency staff did not overtly express resentment towards my work, they stopped responding to phone calls and staff ceased greeting me when we encountered each other in a clinic. The surrogacy workers that I recruited via alternative avenues, such as Dr Andrey's clinic (example one), on the other hand endorsed my research. They even explicitly stated that they took pride in contributing to knowledge and enjoyed my company at their gynaecological check-ups. In St Petersburg, surrogacy agencies and private fertility clinics are separate entities, but all fertility clinics and agencies had preferred partners for collaboration. 'Happy Baby' partnered with the clinic where Dr Andrey worked. To avoid jeopardising my access as

well as to sparing myself the unpleasant emotions such non/encounters provoked, I avoided being seen by agency employers, but continued meeting participants for interviews and observations at other locations. When possible, I met surrogacy workers working for 'Happy Baby' in other locations.

In spring, in the last weeks of my fieldwork, surrogacy worker Olesya invited me for one of her routine check-ups. By then, it became very clear that my welcome at 'Happy Baby' had worn out. At the time, Olesya was in the 4th month of her second surrogacy pregnancy. She had been a research participant since early autumn of the previous year, when she had a successful embryo transfer for her first client mother Evgenya, who also became a research participant. Both women agreed to my presence for observations at gynaecological appointments. Then, in her second month, Olesya suffered a miscarriage. After a necessary curettage and recovery period, the agency matched her with new client parents. On the same day that Olesya was told the date for her next embryo transfer, she invited me to join the next appointment. Olesya's second client parents preferred to remain anonymous and neither meet nor communicate with Olesya via the agency. Disappointed by her client parents' lack of interest beyond her physical wellbeing and progress of her pregnancy, Olesya appreciated sharing her surrogacy journey with me.

At one routine check-up at a gynaecological unit affiliated with 'Happy Baby', I was delayed due to traffic problems. I notified Olesya that I would be by about 10 minutes late and she asked the gynaecologist on duty, who was new at the practice, to wait for me. While the usual two gynaecologists were aware of my research and used to my presence, this new gynaecologist called the agency to check if she should wait for me. She was then told that nobody else was to be given access. Next Valerya, the agency employee who took the phone call, called Olesya to reproach her and forbid her to

continue allowing my presence. Olesya was upset. She had only intended the best for me (not to miss the appointment) and as a result, had severed my access. She was also upset that the agency took the authority to dictate who she associated with, especially because, not knowing the client parents, she could not breach their anonymity⁶. Furthermore, she did not like the way Valerya “flipped out on me” and accused her of misbehaviour.

I waited for Olesya outside the treatment room, and after we left the gynaecology practise together after the examination, Olesya asked me to call Valerya. “Why is she against it, and even prohibits it, if the director [Malvina] and I have given you permission to come along with me?” she asked as I dialled. This time, Valerya answered my call and immediately accused me of having deceived Olesya and obtained her permission on pretence of being a medical doctor. She spoke loud enough for Olseya to overhear her. Olseya then asked for the phone to clarify that she was fully informed and aware that Valerya’s manager Malvina had given me permission to research. Valerya denied this. It was obvious that my research access was beyond recovery and any argument with Valerya was futile. It is likely that my research access would have been severed earlier if I had followed the recommended good practise of re-negotiating access to a research field in ethnographic research (Miller and Bell, 2002:53). Aware of this and with the feminist agenda of wanting to know the surrogacy workers’ views, I chose to neglect re-negotiating access with the agency in order to continue researching with participants affiliated with ‘Happy Baby’.

⁶ Furthermore, her pregnancy appointments were listed neither under her name (as she was ‘only the carrier’ nor the client parents for confidentiality reasons) but under the agency name and an identification number.

After this outcome, Olesya offered to give me a final interview before my departure from Russia in a few weeks' time. However, the next day she texted me: "I am forbidden to tell anything any more about the pregnancy... ☹" Consequently, we agreed to terminate our research collaboration, since Olesya was a risk of being fined, which agencies in St Petersburg commonly do to discipline and intimidate their surrogacy workers. This example shows the extent to which gatekeepers can impact on professional and personal ties, as well as the extent to which they can impact the research population that we seek to reach through them – or without them. By deliberately not re-negotiating the agency's consent to my research with affiliated surrogacy workers and client parents, I am aware that I infringed upon the good practice of re-confirming each participants' informed consent. However, given the situational context, I expected any attempt to re-negotiate to terminate my research access. Further, I gauged that continuing research with their surrogacy workers would not only benefit me, but also them. As surrogacy remains controversial, the majority of surrogacy workers and client parents in Russia kept their involvement secret. Talking to me gave them support and emotional release, and the surrogacy workers in particular enjoyed being involved in a research project.

Case 4: Surrogacy worker Gabriela's defiance of her agency's research ban

I found Gabriela's advertisement of offering her surrogacy gestation service on an online platform and contacted her with the request to participate in my research. After a few email exchanges and clarifications, Gabriela agreed. At that time, her factory job allowed her very limited free time. Therefore, our initial research collaboration consisted of email conversation and phone calls. At the time of our acquaintance, she had already

been in St Petersburg for a year. She had come from Moldova specifically for surrogacy, and after a lengthy and careful online search, found her first client parents from Murmansk, the Russia's arctic port at the Barents Sea. Due to a clinical error, the embryo transfer was cancelled on the scheduled day. As the client mother struggled to produce eggs, the next egg retrieval and embryo transfer was subsequently postponed for an indefinite time. Gabriela did not have indefinite time. She missed her children in Moldova and chose to search for new client parents. From Gabriela I also learned about the agency 'Conceive' who I then contacted. The first encounter in their office was friendly and informative, but without her manager present, the representative promised to call me back. I actively waited for a call back for two weeks, but busy with other research opportunities and participants, I then forgot about 'Conceive'.

Two months later Gabriela reminded me about 'Conceive' when she told me in a face-to-face interview that she had changed her strategy. No longer looking for a direct arrangement, she signed up with 'Conceive'. She had taken the decision because she felt under time pressure and thought her chances would be higher with an agency. With this prompting, I also called back to 'Conceive' to see whether I would be able to get them on board with my research – independently from researching already with Gabriela, and of course, without mentioning her research participation.

In my first phone call with agency manager Tanya, Tanya expressed her reluctance to act as a gatekeeper. "Understand!", she said. "[The surrogate mothers] hide it, even from their families. Even if you will hide their names and all, I hardly believe they will talk to you." Nevertheless, Tanya agreed to consider my request and asked me to call again. When I called again a couple of days later, Tanya was clearly annoyed by my call. Pronouncing every word carefully and slowly as if assuming I was slow on the uptake,

she said “as I have already told you and will now repeat: none of my *surmamas*⁷ will talk to you and it wouldn’t even make sense to ask them.” Then she stated clearly that she prohibited me from researching with ‘her’ surrogacy workers.

After this phone call, I found myself in the situation that ‘Conceive’ refused to participate in my research, but Gabriela, who I had recruited independently and who had signed up with ‘Conceive’ in the meantime, wanted to participate in my research. What was the best, and more importantly, the right and ethical thing to do? In my ethical approval, I outlined that I would only conduct research if all participants gave their voluntary and informed consent. ‘Conceive’ manager Tanya had clearly not given her consent and furthermore extended her sanction onto all surrogacy workers affiliated with her agency. Taking a deontological approach to my ethical approval would have meant that I would have been morally obliged to follow through with my initial intentions and step back from conducting research with Gabriela.

After thorough deliberation of the situation and discussing the developments with Gabriela, Gabriela not only agreed to continue, but insisted on it. Her position was motivated by further developments on her side. She had been financially discriminated against by the agency because of her migrant status and poorly treated by staff members. Consequently, Gabriela felt strongly about reporting the agency’s misconduct and not being silenced. I made the decision to continue my research relationship with Gabriela, but made sure that Gabriela was aware of the risks involved for her. Unlike in Olesya’s case, Gabriela’s agency did not know about our ongoing research collaboration, and I undertook additional measures, such as changing her country of origin, number of

⁷ ‘Surmama’ is a Russian neologism for ‘surrogatnaya mat’ (‘surrogate mother’) and preferably used by all actors in surrogacy arrangements because of its brevity.

children and relationship status, to protect her anonymity. I felt that empowering surrogacy workers to break with the perpetuation of inequities and “to deconstruct and undermine knowledge structures” (Miller and Bell 2002:53), while making sure that Gabriela’s collaboration stayed confidential and ‘Conceive’s’ anonymity stayed protected, was the most ethical choice to take.

Summary of cases and decisions

To summarise, in cases one and two, institutional gatekeepers displayed unexpected, unethical behaviour that may have increased my recruitment success, but at the expense of surrogacy workers’ informed and voluntary consent, and autonomy. Dr Andrey and Alexander acted unethically and disrespectfully in their role as gatekeepers. Alexander was well aware of the ambiguous character of his employment offer and the abuse of power he offered within. In both cases, I chose to cede recruitment requests from these gatekeepers and devised a plan of how to do so without affronting the gatekeepers

Prior to commencing fieldwork in St Petersburg, I expected the owners of surrogacy agencies and private fertility clinics to dominate the power hierarchy. By approaching them for access to my research field and requesting gatekeeping, I was liaising with them – or in other words, entering the hierarchical structures that permeate surrogacy arrangements in their ranks. Approaching them to act as my gatekeepers however was inevitable for three reasons. First, I needed their permission to access their premises overtly. In most private fertility clinics and surrogacy agencies, unauthorised visitors would not have passed the security guards and conducting covert research by

pretending to be a surrogacy worker or client was out of question. Second, by asking managers and senior doctors for assistance with recruitment I was following the necessary etiquette by paying respect to their position and acknowledging their authority. Third, I equally wanted their voices and views in interviews to juxtapose the stories and understand the dynamics of the surrogacy scene in St Petersburg from representatives of all involved groups. Finally, I naively expected medical professionals to abide by higher ethical standards and respect for all patients and did not anticipate the dilemmas I encountered.

In cases three and four, in turn, I circumvented or overrode agencies' authority in the social organisation of surrogacy in order to challenge these very power structures and agencies' monopoly in the construction of knowledge of the way surrogacy arrangements look like by voicing the experiences and opinions of the surrogacy workers themselves (Weis 2015, 2017). This decision was inspired by my feminist research epistemology. Estroff's (1995:78) justly provocative question 'Whose story is it anyway?' in the context of researching chronic illness likewise applies to my research on commercial surrogacy, and my answer remains: in research on the experiences of surrogacy workers it is the surrogacy workers' story. It is their stories of their reproductive labour, their choices, their experiences, their feelings, their pain and sacrifices, and the treatment they receive that I set out to explore and that I committed to telling when I asked them to collaborate in my research.

All four examples demonstrate the need for situational ethics and their appropriateness. In case one, Dr Andrey's following procedural ethics was not 'wrong', but evaluating the "microethics" (Guillemin and Gillam 2004:265) at stake, his conduct was wrong to me and as the researcher in action and with responsibility for the wellbeing of all my research participants, I had to make sure that I was true to my conception of what

ethically sound research was. In case two, Alexander's employment offer was a conflict of interest; accepting it would have been a breach of researcher impartiality and ethical misconduct towards the surrogacy workers which violated their right to privacy. As I became aware of the murky elements of his business model and tantalised by the potential, but ultimately not given ethically-sound access to recruit surrogacy workers, the choice to temporarily negotiate over his employment offer gave me further insight into the functioning of his agency without negatively affecting the surrogacy workers.

In case three, I was aware that I should have been re-assessing and re-confirming participants' consent (Miller and Bell 2002:53). However, working with the surrogacy workers and client parents associated with the 'Happy Baby' agency, I had a strong hunch that re-assessing the agency's consent would have come at the cost of self-censorship. That in turn would not have benefitted the surrogacy workers, but instead would have enabled the agency to continue operating without scrutiny. I therefore exhausted their initial agreement to research until it had worn out. Given agencies' prestige and power, and the measures of confidentiality I applied in utilizing my insights in my doctoral research, I am confident that my intervention did not cause them harm.

Finally, in case four, the 'Conceive' agency was not the original gatekeeper that mediated access to surrogacy worker Gabriela, but later moved into the position where there was a conflict of interest. Evaluating the situation, and more importantly, in collaboration with Gabriela, I concluded it to be more ethical towards Gabriela, and in line with my feminist approach to research, to continue my research even though my pre-approved ethics required that I obtained consent from all participants involved. During the decision-making process of both of the latter cases I kept Sluka's (2012:302) rhetorical question in mind: "Do we need the consent of repressive authorities in order to do research with those oppressed by them?" When conducting a feminist-inspired

ethnography, my answer is no. Yet in doing so, I was careful to fully protect all participants' anonymity and confidentiality.

Conclusions

In this article, I have addressed ethical dilemmas around negotiating access and authority when conducting feminist ethnographic research with institutional gatekeepers in surrogacy arrangements (Weis, 2017). This provided the basis to argue for the need for situational ethics in empirical research. Situational ethics are unpredictable (Munteanu *et al.*, 2015) as the course of ethnographic research is unpredictable (Perrin *et al.*, 2018). Situational ethics takes account of social, political and historical contexts. It “[requires] consideration of who gains and who loses from particular phenomena and how these losses manifest” (McAreavey and Das 2013:114). Procedural ethics require the researcher to do their best to identify potential ethical issues prior to data collection, and think of strategies to put into place to overcome these issues. They offer deontological safeguards. However, empirical researchers and ethnographers in particular, are familiar with the unanticipated that is bound to happen and often beyond control of the researcher. In such cases when the agreed, committee-approved procedural ethics are no longer suited. Researchers *in situ* must make new ethical choices, situational ethics that consider the immediate context are crucial. Perrin *et al.* (2018) criticize procedural ethics in a similar vein by drawing on processual ethics, which are “approaches which refer to a comprehensive, relational and positional understanding of research ethics and which adapt their principles to the specifics of each research site.” Drawing on my selected examples from researching with surrogacy workers in St Petersburg I argue that situational ethics must be an extension of procedural ethics to make research empowering and transformative of inequalities.

Further, I have shared some of my personal experiences and dilemmas during my ethnographic fieldwork on surrogacy in Russia. Ethnographic work is messy, unpredictable and charged with emotional work for the researcher. The unpredictable nature of fieldwork is liable to present researchers with ethical dilemmas that need an immediate response (Punch 1994:84). Our responses depend on our thus-far gained knowledge of the field, as well as time and resources available to us. Looking back, we may realise that a different approach would have been better, but at the given time and situation, we did the best and most ethical possible. I have also shown that the process of negotiating access, even if unsuccessful in the sense of getting access, is not a sign or result of the researcher's personal failure. Instead, it is a source of data about power relationships and (micro-)politics in the research field. I encourage other researchers to take a similar approach. Finally, with the personal accounts this article contains, I seek to share with fellow and future ethnographers *in writing* what we share to support each other in private, to make insights more widely available. To conclude, with this article, I contribute to the growing body of literature that argues in favour of situational ethics.

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